



SPONSOR'S APPLICATION FOR CONTINUING PROFESSIONAL EDUCATION
Oklahoma State Board of Examiners of Psychologists

****ALL CONTINUING EDUCATION APPLICATION SHALL BE SUBMITTED 60 DAYS PRIOR TO THE COURSE/SEMINAR BEING ADMINISTERED. ****

1. **TITLE OF PRESENTATION:** _____

2. **SPONSOR:** _____
ADDRESS: _____
TELEPHONE NUMBER: _____
CONTACT PERSON: _____ **PHONE:** _____
3. **NAMES OF SPEAKERS AND CREDENTIALS:**

4. **DATE:** _____
TIME: _____
LOCATION: _____
5. **TARGETED AUDIENCE:** _____

6. **PSYCHOLOGICAL BASIS: DESCRIBE THE PSYCHOLOGICAL BASIS FOR THIS CONTINUING EDUCATION ACTIVITY. INCLUDE REFERENCES TO SUPPORTIVE LITERATURE FROM PUBLICATIONS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION OR THE AMERICAN PSYCHOLOGICAL SOCIETY. ATTACH ADDITIONAL PAGES AS NECESSARY.**

7. **NUMBER OF HOURS OF CPE CREDITS REQUESTED:** _____
*Time allotted for registration and breaks will not be counted for CPE hours.
8. **EDUCATIONAL OBJECTIVE:** _____

9. **HOW WILL THE PRESENTATION BE EVALUATED?** _____

10. **PARTICIPANT FEES:** _____

CONSIDERATION FOR CPE CREDITS WILL ONLY BE GIVEN TO THOSE COMPLETING THIS APPLICATION. IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, CONTACT THE BOARD OFFICE.

Please return application form, speaker's vitae, copy of the agenda and \$150.00 application fee to:
Oklahoma Board of Examiners of Psychologists
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103